

## School Conferencing Example

*An interdisciplinary team was called. It was made up of the school child study team, which is a group already consisting of different disciplines including the principal, a special education teacher, a regular education teacher, a school psychologist, and the parents. (The parents were felt to be not quite ready to be “customers” or were ambivalent and in the “contemplative stage” of change.) We joined this group as a health provider, but could have used other forms of communication with the school than the one we chose—going to the school.*

*Testing was reviewed, along with observations. Descriptions of Adam’s behavior were offered along with people’s interpretations. Several of us were looking for evidence of anxiety. Only a few were looking for possible obsessions and autistic-like behaviors. Although achievement testing was normal, staff felt he seemed to have principle learning problems, and they offered resource helps. Their impressions seemed to be verified too by separate language testing with below-average and written-language deficiencies. The primary concerns related to Adam’s escape behaviors were that he might be having anxious attachment or at least anxious protective behavior. Sometimes he would lash out, or hit, which may have been a basis for his oppositional behaviors. (Overall, we were seeking a reliable measure of his “behavior” as a reflection of a likely background of losses and depression in a family, rather than one of being a so-called “bad kid”).*

*Intervention suggestions included daily tracking and monitoring of Adam’s behavior shaping, using behavioral momentum. We used two-way “home notes” to increase communication to and from his parents. We also used a continuous “reinforcement schedule” to increase positive behaviors—with lots of praise statements and mystery motivators for each appropriate half day, which allowed him to show off his car collection and work on puzzles, which he loved. Extra choices were offered. A crisis plan was also devised to include redirection and a quiet place where he could be allowed to “collect himself”. The psychologist took a major role to stay connected with him—encouraging eventual bonding and mutual respect. We would keep track of the obsessions and panic times by using such screeners as the Autistic Spectrum Rating Scale and CARS.*

*Agreed-upon follow-up included a tele-conference in 30 days. Since the meeting, his primary care doctor prescribed Strattera for his poor impulse and disorganized behaviors. This was eventually stopped however, as school personnel reported at follow-up meetings that it was of little help. By policy, the schools have a way to document plans for health-related measures for special-needs children. Here, the health provider can have good audience for input—considering that the child’s performance would be enhanced from this information. The “Health Care Plan” might include such things as medication, special procedures, and unusual equipment or technology that may be required during the school day.*